

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 091253638 FILING DATE _____
APPLICANT(S) _____

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1				
2				
3				
4				
5				
6				
7				
8	1			
9	1			
10	1			
11	1			
12	1			
13	1			
14	1			
15	1			
16	1			
17	1			
18	1			
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50				
TOTAL IND.	2			
TOTAL DEP.	15			
TOTAL CLAIMS	17			

PTO-1360 (3-78) *MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE
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